

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7143

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

OF DEATH IND RESIDENCE 348	1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA <b>27 Yrs</b>   <b>35 Yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b>			B. COUNTY <b>Maricopa</b>							
	C. CITY OR TOWN <b>Wickenburg</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Wickenburg</b>			<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS							
	D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION <b>Community Hospital</b>					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>159 West Center St.</b>									
IDENT SOCIAL ATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Mattie</b>			B. (MIDDLE) <b>Jane</b>			C. (LAST) <b>Ganewell</b>			4. SEX <b>Female</b>		5. COLOR OR RACE <b>White</b>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>	
	6B. NAME OF SPOUSE			7. DATE OF BIRTH MONTH   DAY   YEAR <b>Dec.</b>   <b>8</b>   <b>1869</b>			8. AGE (IN YEARS LAST BIRTHDAY) <b>85</b>			IF UNDER 24 HRS. MONTHS   DAYS   HOURS   MIN. <b>11</b>   <b>10</b>   <b>A.</b>   <b>M.</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Motel Operator</b>			
	9B. KIND OF BUSINESS OR INDUSTRY <b>Motel</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>			13. SOCIAL SECURITY NO. <b>526-44-8554</b>					
USE OF ATH M 18)	14A. FATHER'S NAME <b>Reuben J. Grady</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>			15A. MOTHER'S MAIDEN NAME <b>Nancy M. Glass</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>					
	16. INFORMANT'S SIGNATURE <b>Mrs. Lucille Storns, Wickenburg, Arizona.</b>						17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>Dec.</b>   <b>17</b>   <b>1954</b>								
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). ‡ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED:														
ATIONS, OPSY	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <b>Inter trochanteric fracture l. femur</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <b>Hypostatic pneumonia</b> DUE TO (C) <b>Bed rest</b> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH														
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Oct 1954</b> , TO <b>Dec 17, 1954</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>Dec 17, 1954</b> AND THAT DEATH OCCURRED AT <b>11:10 A.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.														
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) <b>[Signature]</b>			22B. ADDRESS <b>Wickenburg Arizona</b>			22C. DATE SIGNED <b>12-20-54</b>								
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)								
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			23F. HOW DID INJURY OCCUR?								
NER'S CATION	24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED								
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			25B. DATE <b>12-20-54</b>			25C. NAME OF CEMETERY OR CREMATORY <b>Wickenburg</b>			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Wickenburg Arizona</b>					
	26A. DATE REC. BY LOCAL REG. <b>12/27/54</b>		26B. REGISTRAR'S SIGNATURE <b>[Signature]</b>			27A. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>			27B. ADDRESS <b>Wickenburg Ariz</b>						